Federal ID #:

Department of Early Education and Care
Child Care Subsidy Application and Fee Agreement

Last Name _____ **First Name**_____

Street Address_____

City/Town/Zip_____

Home Phone #_____ **Work Phone #**_____

Primary Parent SSN_____ **Secondary Parent SSN**_____

Parent Type:

- ☐ One Parent
- ☐ Two Parent
- ☐ Grandparent
- ☐ Foster Parent
- ☐ Guardian
- ☐ Teen Parent DOB:_____

Service Need: Primary

- ☐ Employment
- ☐ Job Search
- ☐ Training
- ☐ High School
- ☐ GED/College
- ☐ Maternity Leave
- ☐ Parent Incapacity
- ☐ Child with Special Needs

Service Need: Secondary

- ☐ Employment
- ☐ Job Search
- ☐ Training
- ☐ High School
- ☐ GED/College
- ☐ Maternity Leave
- ☐ Parent Incapacity
- ☐ Child with Special Needs

Income Detail (Check all that apply):

- ☐ Employment
- ☐ Self-Employment
- ☐ TANF/TAFDC
- ☐ Food Stamps
- ☐ Former TAFDC Recipient
- ☐ Child Support
- ☐ Housing Assistance (cash only)
- ☐ Alimony
- ☐ Other (SSI)

Total Household Income (from Application Worksheet): $_____
Fee Level:_____ Family Size:_____

Eligibility:

- ☐ Initial
- ☐ Continuing (include code)_____

Continuity Codes:
C1: continuing, no change
C2: sibling
C3: SA child, summer only
C4: return <3 months
C5: transfer program, same funding
C6: transfer funding

Authorization Start Date:_____ End Date_____ Reassessment Date_____

Children in Subsidized Care

Date of Birth: __________ Age Order_______ First Name: ___________________________________
Last Name: ____ Sex_____________
Child's SSN: _________________________ DSS Referral #: _____________________________________
Slot # _______ Contract and MMARS Line # ___________________ Daily Fee: ________________

- ☐ Supportive
- ☐ Foster Child
- ☐ Disability

Race / Ethnicity: Check all that apply:

- ☐ American Indian
- ☐ Alaskan Native
- ☐ Hispanic / Latino
- ☐ Black / African American
- ☐ Asian
- ☐ Native Hawaiian / Pacific Islander
- ☐ White
- ☐ Other

Date of Birth: __________ Age Order_______ First Name: ___________________________________
Last Name: ____ Sex____________
Child's SSN: _________________________ DSS Referral #: _____________________________________
Slot # _______ Contract and MMARS Line # ___________________ Daily Fee: ________________

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- ☐ White
- ☐ Other

Date of Birth: __________ Age Order_______ First Name: ___________________________________
Last Name: ____ Sex____________
Child's SSN: _________________________ DSS Referral #: _____________________________________
Slot # _______ Contract and MMARS Line # ___________________ Daily Fee: ________________

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- ☐ Foster Child
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- ☐ Black / African American
- ☐ Asian
- ☐ Native Hawaiian / Pacific Islander
- ☐ White
- ☐ Other

Non-Subsidized Children in Family (exclude foster children)

Name	Disability Y/N	DOB	Relationship Documentation

Wage Conversion Calculation

_____	_____	_____	_____
Weekly x 4.33	=Gross Monthly	Gross every two weeks x 2.17	=Gross Monthly
_____	_____	_____	_____
Gross twice monthly x2	=Gross Monthly	Gross quarterly divided by 3	=Gross Monthly

Monthly Income Calculation

Total Gross Monthly Income
Application or Reassessment (circle one)

_____1. TAFDC Grant
_____2. SSI
_____3. Child Support/Alimony Received
_____4. Parent's Gross Monthly Wages/ Income from Self-employment
_____5. Other Cash Assistance (specify source)
_____**Total Gross Monthly Income**

Adjusted Gross Monthly Income
Application or Reassessment (circle one)

_____1. Gross Monthly Income
_____2. Child Support/Alimony Paid
_____3. TAFDC Rental Allowance (when applicable)
_____4. Other Federal or State Housing Assistance (cash only)
_____5. Employer Benefit $ (when applicable)
_____**Total Adjusted Monthly Income**

Circle Total Allowable Monthly Income Level From Below – Effective 7/1/10

Family Size	2	3	4	5	6	7	8	9
50% SMI	$2,793	$3,450	$4,107	$4,764	$5,421	$5,544	$5,667	$5,790
85% SMI	$4,747	$5,864	$6,981	$8,098	$9,215	$9,425	$9,634	$9,844
100% SMI	$5,585	$6,899	$8,213	$9,528	$10,842	$11,088	$11,335	$11,581

Weekly Fee Computation

Application or Reassessment (Circle One)
Child Daily Fee x # Days = Weekly Fee
1st _____ x_____ = _____
2nd _____ x_____ = _____
3rd _____ x_____ = _____
Total weekly fee _____
x 2 = 1st payment _____

All information on this application and supporting documentation will be used to determine eligibility for child care and may be shared with EEC contracted or other authorized agency personnel for billing and/or other administrative purposes. Eligibility determination will include computer matches with other government agencies, and/or authorized contracted agency personnel. When waitlisted, certain information will be exchanged for needs assessment purposes as mandated by State law. ALL information will be used in confidence as required under Massachusetts statutes and regulations. I certify under penalty of perjury that the information provided is correct and complete to the best of my knowledge. I will report to this agency within five (5) business days any change in income, family size, or service need. I agree to pay all weekly fees to the authorized child care provider. I will also pay an initial deposit equal to one week's fees. (Initial deposits will be adjusted accordingly when there are changes to the assessed weekly fee amounts.) I agree to pay the assessed fees for the provider's EEC-approved closings, and for absences and vacations of my child/ren. I have reviewed a schedule of the child care provider's holidays/closures and the snow day policy. I understand that I am not required to pay fees for unauthorized provider closings. I understand that I have the right to request an EEC Review Process should my child care services be reduced or terminated. I agree to continue to pay uncontested fees while awaiting a Review Process decision and I agree to pay any parent fee owed as a result of a Review Process decision. I certify that I am not receiving more than 50 hours of subsidized child care per week from any source. **I understand that providing false or misleading information in connection with this application and/or failure to report within two weeks any change in circumstances that might impact my eligibility or fee may result in termination of the child care subsidy, ineligibility for any future EEC subsidy, an obligation to repay the cost of child care, and / or the assessment of a civil fine.**

_____

Signature of Parent or Guardian / date

Signature of Agency Staff / date